

8
U
S
P
O
L
2
7

ATTORNEYS AT LAW

767 THIRD AVENUE, NEW YORK, N.Y. 10017-2023

LEONARD HOLTZ
ROBERT GOODMAN
WILLIAM R. WOODWARD (1914-1994)
MARSHALL J. CHICK
RICHARD S. BARTH
DOUGLAS HOLTZ
ROBERT P. MICHAL
TELEPHONE: (212) 319-4900
FACSIMILE: (212) 319-5101

Commissioner for Patents
P.O. Box 1450,
Alexandria, VA 22313-1450

EX-1022 Mail Mailing Label
No.: EL 983 137 349 US

Date of Deposit: August 27, 2003

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Barbara Villani

Attorney Docket No. 03505/LH

03505 PRO
03505 PRO
08/27/03

Pursuant to 37 CFR 1.53(b), transmitted herewith for filing is the patent application of

Inventor(s): Susumu MATSUI of Hachioji-shi, Japan
Hiroshi KOBAYASHI of Hino-shi, Japan
Takaaki KUROSAWA of Kodaira-shi, Japan
Naohiro ONO of Hino-shi, Japan

Title: "OPTICAL DEFLECTION DEVICE AND OPTICAL SCANNING APPARATUS EQUIPPED THEREWITH"

Priority Claim (35 U.S.C. 119) is made, based upon:

Japan No. 2002-259812 filed September 5, 2002

ASSIGNMENT INFORMATION FOR PUBLICATION:

Konica Corporation
26-2 Nishishinjuku 1-chome,
Shinjuku-ku, Tokyo, 163-0512, Japan

Enclosed herewith are:

- Specification (Description, Claims, Abstract): Pages 1 - 25; Number of claims 1 - 5
 Declaration and Power of Attorney executed; unexecuted (supplied for information purposes)
 11 Sheets of drawings, Figures 1 - 12 Formal Informal
 Assignment and "Patents" Recordation Form Cover Sheet (PTO-1595) AND \$40. RECORDATION FEE.
 Certified copy of priority document identified above
 Information Disclosure Statement; Form PTO/SB/08A
 Preliminary Amendment
 Applicant(s) Claim(s) Small Entity Status
 Change of Correspondence Address (Form PTO/SB/122)
 Receipt Postcard

	Number Filed	Number Extra	Rate	Calculations
Total Claims	<u>5</u>	-20	= <u>0</u>	x \$18.00 = <u>\$ _____</u>
Independent Claims	<u>2</u>	-3	= <u>0</u>	x \$84.00 = <u>\$ _____</u>
MULTIPLE DEPENDENT CLAIMS			+ \$280.00 = <u>\$ _____</u>	
BASIC FEE			\$ 750.00	
Total of above Calculations			<u>\$ 750.00</u>	

To the extent not tendered by check, authorization is given to charge any fees under 37 CFR 1.16 and 1.17 during pendency of the application, or to credit any overpayment, to Deposit Account No. 06-1378. Duplicate copy of this letter is enclosed.

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.

By: 

LEONARD HOLTZ
Reg. No. 22,974

LH:bv
12/00

Please type a plus sign (+) inside this box → (+)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS**
Application

Address to:
Commissioner for Patents
Washington, D.C. 20231

Application Number	
Filing Date	Herewith
First Named Inventor	MATSUI
Group Art Unit	
Examiner Name	
Attorney Docket Number	03505/LH

Please change the Correspondence Address for the above-identified application
to:

Customer Number [01933] →
Type Customer Number here



01933
PATENT TRADEMARK OFFICE

OR

[] Firm or Individual Name				
Address				
Address				
City	State	ZIP		
Country				
Telephone	Fax			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- [] Applicant/Inventor.
 [] Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 Attorney or Agent of record.
 [] Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Typed or Printed

Name

Leonard Holtz, Reg. No. 22,974

Signature

Date

August 27, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

[] Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.